

Customer No. 26308

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

A DPC/P  
PATENT

Application of: Juan C. Parodi  
Serial No.: 09/935,893  
Filed: August 23, 2001  
For: Endovascular Prosthesis with Suture Holder

Examiner: Vy Q Bui  
Group Art Unit: 3731

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

RECEIVED

AUG 23 2004

OFFICE OF PETITIONS

PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT  
ABANDONED UNINTENTIONALLY UNDER 37 CFR 1.137(b)



Applicant hereby petitions for revival of this application.

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Reply and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee -- required for all utility and plant applications filed before June 8, 1995; and for all design applications; and
- (4) Statement that the entire delay was unintentional.

1. Petition fee

- ☒ Small entity fee (\$665.00) Applicant claims small entity status  
☐ Other than a small entity fee (\$1330.00)

2. Reply and/or fee

- ☐ has been filed.  
☒ is attached.

☐ the response is the filing of a continuation application having an express abandonment conditioned on the granting of a filing date to the continuing application  
☒ is pending with this application.

Adjustment date: 09/13/2004 AKELLEY  
08/18/2004 HAL111 00000064 09935893  
02 FC:2253

Repln. Ref: 09/13/2004 AKELLEY 00000064  
DAH:062360 Name/Number:09935893  
FC: 9204 \$475.00 CR

3. Terminal disclaimer with disclaimer fee

- ☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.

☐ A terminal disclaimer, disclaiming the required period of time is enclosed herewith.

Terminal Disclaimer Fee: ☐ Small Entity \$55.00 ☐ Large Entity (\$110.00)

08/18/2004 HAL111 00000064 09935893

01 FC:2453 665.00 OP  
02 FC:2253 475.00 OP

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

Date 13 August 2004

Judith Dunaway  
(TYPE OR PRINT NAME OF PERSON MAILING PAPER)  
  
(Signature)

4. STATEMENT: The entire delay in filing the required reply from the due date for the required reply until the filing of a grantable petition under 37 CFR 1.137(b) was unintentional. [Note: The US Patent Office may require additional information if there is a question as to whether the abandonment or the delay in filing a petition under 37 CFR 1.137(b) was unintentional (MPEP 711.03(c), subsections III(C) and (D)].

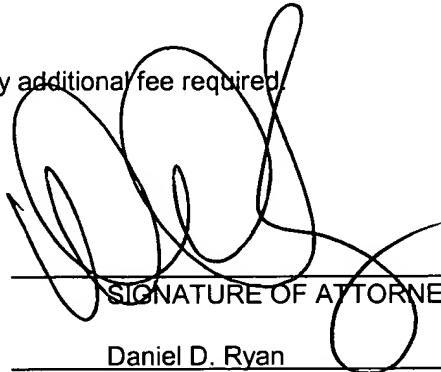
5. Fee Deficiency/Overpayment  
[ x ] Charge Account 06-2360 for any additional fee required.

Date: \_\_\_\_\_

Reg. No.: 29,243

Tel. No.: ( 262 ) 783 - 1300

Customer No. 26308



\_\_\_\_\_  
SIGNATURE OF ATTORNEY

Daniel D. Ryan

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)

**RYAN KROMHOLZ & MANION, S.C.**

P.O. Box 26618

Milwaukee, Wisconsin 53226

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-10-04</u>		2 Serial/Patent # <u>09/935,893</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	<del>09/11</del>	8-16-04	\$ 475.-							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 475.-								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>6</td><td>--</td><td>2</td><td>3</td><td>6</td><td>0</td></tr></table>			0	6	--	2	3	6	0
0	6	--	2	3	6	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
EOT outside six-month statutory period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Betta Williams</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>Betta Williams</u>		PHONE: <u>306-5594</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>9/13/04</u>									

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